

# Department of Health and Human Services

## Assertive Community Treatment (ACT) Self-Fidelity Response

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| <b>CMHC:</b>               | <b>Community Partners</b>           |
| <b>DHHS Response Date:</b> | <b>12/1/16 2nd response 1/24/17</b> |

### Executive Summary:

Thank you for this ACT Fidelity Report and your ongoing efforts to provide high quality services to consumers with psychiatric disabilities.

Please be sure to provide support for your ratings. In particular, on some items, a formula should be shown that demonstrates how you achieved the rating (items H6, and S4 and S5 at minimum).

Please provide additional information to your report as follows:

- 1) Under item H5, please specify how you will improve staff retention. Please note that the SAMHSA toolkits provide helpful information on strategies for hiring and retaining staff.
- 2) Under item H8, please specify date by which your nurse will increase allotted time to team.
- 3) Under item S7, please specify date by which you will have increased time allotted and SUD service provision.
- 4) Under S8, please specify as to whether your team intends to create a dual disorder treatment group in the next year. If you do not intend to do so, this is OK, but please specify your reasoning (for example, you may say that hiring and retaining ACT staff is the first priority, and increasing individual SUD treatment is second priority).
- 5) Under Area of Focus, please incorporate information that addresses Fidelity items H5, H8, and S7.

We commend you for providing an ACT service that aligns with Good Implementation. We are delighted that you have co-occurring disorders expertise on your team and we look forward to seeing the team expand capacity for Integrated Dual Disorders Treatment. We are also delighted that you have a peer on your team. Please ensure that he or she can maintain a peer support role, and encourage him/her to attend the peer specialist support group sponsored by the Office of Consumer and Family Affairs.

Please submit an updated Fidelity Review to Michele Harlan by December 16, 2016.

We have reviewed and accept your updated report. Upon review we have determined that CP is reasonably in compliance with the purpose and intent of the ACT self-fidelity process. We have updated the DHHS response herein accordingly.

The center provided more details and timelines for some but not all of their planned improvement activities, which include increasing the team leader's time in clinical activities, hiring new staff, and expanding the co-occurring disorders treatment capacity within the ACT service. Regarding H5, The plan still does not contain much detail on addressing the staffing issue, which has been the biggest challenge for the team. While we recognize the statewide workforce challenge, we recommend that you consider outlining additional strategies with timelines in your recruitment and hiring process.

Additionally, regarding item O4, please be sure to read the "Implementation Tips for Mental Health

Program Leaders,” and consider strategies for the ACT team to be more involved with providing or guiding treatment for after hours crises.

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| <b>This CMHC self-review resulted in rating of:</b> |  | Good implementation               |   |
| <b>Out of a possible 140 points the CMHC score:</b> |  | 115                               |   |
| DHHS Response:                                      |  |                                   |   |
|   |  | X                                 | Resubmit: Address items: <u>H5,6, &amp; 8; S4, 5,7, &amp; 8</u> |
| <b>Score Range</b>                                  |  | <b>Implementation Rating</b>      |   |
| 113 – 140   |  | Good Implementation               |   |
| 85 – 112  |  | Fair Implementation               |   |
| 84 and below  |  | Not Assertive Community Treatment |   |

### **Human Resources: Structure and Composition**

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| <b>H1 Small caseload:</b> Consumer/provider ratio = 10:1 | <b>Rating = <u>4</u> out of 5</b> |
| DHHS Response:   | <b>Acceptable</b>                 |

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| <b>H2 Team approach:</b><br>Provider group functions as team rather than as individual ACT team members; ACT team members know and work with all consumers | <b>Rating = <u>5</u> out of 5</b> |
| DHHS Response:   | <b>Agree</b>                      |

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| <b>H3 Program meeting:</b><br>Meets often to plan and review services for each consumer | <b>Rating = <u>5</u> out of 5</b> |
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| DHHS Response: | <b>Agree</b> |
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| <b>H4 Practicing ACT leader:</b><br>Supervisor of Frontline ACT team members provides direct services | <b>Rating = _2_ out of 5</b>   |
| DHHS Response:  | <b>Agree, but need specific target and timeline. The Assertive community Treatment Implementation Resource Kit: Implementation Tips for Mental Health Program Leader, Section 1, page 6 specifies that teams may incorporate a program assistant to complete administrative tasks, including completion of reports.</b><br><br><i>Acceptable plan.</i> |

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| <b>H5 Continuity of staffing:</b><br>Keeps same staffing over time | <b>Rating = _1_ out of 5</b>   |
| DHHS Response:   | <b>Agree, but need specific targets and timeline</b><br><br><i>CP did not provide specific targets and timeline in their response regarding hiring. Additionally, CP may want to consider alternative advertising and recruitment strategies in addition to alternative wage structures for the ACT positions.</i> |

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| <b>H6 Staff capacity:</b><br>Operates at full staffing | <b>Rating = _4_ out of 5</b> |
| DHHS Response:   | <b>Acceptable</b>            |

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| <b>H7 Psychiatrist on team:</b><br>At least 1 full-time psychiatrist for 100 consumers works with program | <b>Rating = _4_ out of 5</b> |
| DHHS Response:  | <b>Acceptable</b>            |

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| <b>H8 Nurse on team:</b><br>At least 2 full-time nurses assigned for a 100-consumer program | <b>Rating = _2_ out of 5</b>  |
| DHHS Response:  | <b>Agree but need specific goals and timeline.</b><br><br><i>Updated plan is acceptable</i> |

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| <b>H9 Substance abuse specialist on team:</b><br>A 100-consumer program with at least 2 staff members with 1 year of training or clinical experience in substance abuse treatment | <b>Rating = __4__ out of 5</b> |
| DHHS Response:  | <b>Acceptable</b>              |

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| <b>H10 Vocational specialist on team:</b><br>At least 2 team members with 1 year training/experience in vocational rehabilitation and support | <b>Rating = __4__ out of 5</b> |
| DHHS Response:  | <b>Acceptable</b>              |

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| <b>H11 Program size:</b><br>Of sufficient absolute size to consistently provide necessary staffing diversity and coverage | <b>Rating = __5__ out of 5</b> |
| DHHS Response:  | <b>Acceptable</b>              |

### **Organizational Boundaries**

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| <b>01 Explicit admission criteria:</b><br>Has clearly identified mission to serve a particular population. Has and uses measurable and operationally defined criteria to screen out inappropriate referrals. | <b>Rating = __5__ out of 5</b> |
| DHHS Response:   | <b>Agree</b>                   |

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| <b>02 Intake rate:</b><br>Takes consumers in at a low rate to maintain a stable service environment. | <b>Rating = __5__ out of 5</b>   |
| DHHS Response:   | <b>Please note that intakes of up to 6 per month results in a high fidelity rating for this item, thus the team is able to take more clients per month than in the past.</b> |

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| <b>03 Full responsibility for treatment services:</b><br>In addition to case management, directly provides psychiatric services, counseling/ psychotherapy, housing support, substance abuse treatment, employment and rehabilitative services. | <b>Rating = _5_ out of 5</b>   |
| DHHS Response:  | <b>We disagree with your rating. To have a 5, the team would need to provide all services listed in the box above, and the report indicates that this team is not providing all of these services.</b> |

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| <b>04 Responsibility for crisis services:</b><br>Has 24-hour responsibility for covering psychiatric crises. | <b>Rating = _4_ out of 5</b>   |
| DHHS Response:   | <p><b>Is ACT team actually available for consultation after hours? This would be required in order to score a 4. Please clarify.</b></p> <p>To achieve a score of 4, the ACT team clients who used ES services in the past quarter would have documented ACT team guidance for most ES services. The response seems to indicate that the ACT team is not responsible for managing crises after hours, rather, that they are available by phone if the emergency services team chooses to call them. Please be sure to read the “Implementation Tips for Mental Health Program Leaders,” and consider strategies for the ACT team to be more involved with providing or guiding treatment for after hours crises.</p> |

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| <b>05 Responsibility for hospital admissions:</b><br>Is involved in hospital admissions. | <b>Rating = _4_ out of 5</b> |
| DHHS Response:   | <b>Acceptable</b>            |

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| <b>06 Responsibility for hospital discharge planning:</b><br>Is involved in planning for hospital discharges. | <b>Rating = _4_ out of 5</b> |
| DHHS Response:  | <b>Acceptable</b>            |

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| <b>07 Time-unlimited services (graduation rate):</b><br>Rarely closes cases but remains the point of contact for all consumers as needed. | <b>Rating = _5_ out of 5</b> |
| DHHS Response:  | <b>Acceptable</b>            |

### Nature of Services

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| <b>S1 Community-based services:</b><br>Works to monitor status, develop community living skills in community rather than in office. |  | Rating = <u>  5  </u> out of 5 |
| DHHS Response:  | <b>Please show calculations that demonstrate how you achieved the rating</b><br><br>Thank you for clarification. Updated response is acceptable. |                                |

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| <b>S2 No dropout policy:</b><br>Retains high percentage of consumers. |              | Rating = <u>  5  </u> out of 5 |
| DHHS Response:  | <b>Agree</b> |                                |

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| <b>S3 Assertive engagement mechanisms:</b><br>As part of ensuring engagement, uses street outreach and legal mechanisms (probation/parole, OP commitment) as indicated and as available. |                   | Rating = <u>  5  </u> out of 5 |
| DHHS Response:   | <b>Acceptable</b> |                                |

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| <b>S4 Intensity of service:</b><br>High total amount of service time, as needed. |  | Rating = <u>  5  </u> out of 5 |
| DHHS Response:   | <b>Please show calculations demonstrating how you came to your rating. CP reported 157 minutes/week. In comparison, Phoenix data on all clients with services in ACT cost center for past quarter were seen on average 90 minutes per week. It is possible that you randomly selected records for people who were particularly high utilizers.</b><br><br>Thank you for clarification. Updated response is acceptable. |                                |

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| <b>S5 Frequency of contact:</b><br>High number of service contacts, as needed. |   | Rating = <u>  5  </u> out of 5 |
| DHHS Response:   | <b>Please show calculations demonstrating how you came to your rating. CP reported an average of 4.9 contacts/week. In comparison, Phoenix data for CP ACT cost center clients had an average of 2.9 contacts per week.</b><br><br>Updated response is acceptable |                                |

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| <b>S6 Work with informal support system:</b><br>With or without consumer present, provides support and skills for consumer's support network: family, landlords, employers. |   | Rating = <u>4</u> out of 5 |
| DHHS Response:  | <b>Acceptable. Please note that ACT team members should work with an array of informal supports, including landlords and employers as well as family.</b> |                            |

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| <b>S7 Individualized substance abuse treatment:</b><br>1 or more team members provides direct treatment and substance abuse treatment for consumers with substance-use disorders. |   | Rating = <u>3</u> out of 5 |
| DHHS Response:  | <b>Please provide more specific goals and timeline.</b><br><br>Agree with updated plan. |                            |

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| <b>S8 Co-Occurring disorder treatment groups:</b><br>Uses group modalities as treatment strategy for consumers with substance-use disorders. |  | Rating = <u>1</u> out of 5 |
| DHHS Response:   | <b>Please provide more specific goals and timeline.</b><br><br>Agree with updated plan |                            |

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| <b>S9 Dual Disorders (DD) Model:</b><br>Uses a non-confrontational, stage-wise treatment model, follows behavioral principles, considers interactions of mental illness and substance abuse, and has gradual expectations of abstinence. |                   | Rating = <u>5</u> out of 5 |
| DHHS Response:   | <b>Acceptable</b> |                            |

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| <b>S10 Role of consumers on team:</b><br>Consumers involved as team members providing direct services. |                   | Rating = <u>5</u> out of 5 |
| DHHS Response:   | <b>Acceptable</b> |                            |